

Department of Social and Health Services
Olympia, Washington

ELIGIBILITY A-Z MANUAL REVISION

Revision #	547
Category / Section	PAYEES ON BENEFIT ISSUANCES/ C. PROTECTIVE PAYEES
Issued	January 1, 2007
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REMOVE

After CLARIFYING INFORMATION

Criminal Background check,

WORKER RESPONSIBILITIES, a. ii

Remove: " In section 1 Box 3, write in the
ESA box "Protective Payee"

INSERT

After CLARIFYING INFORMATION

Criminal Background check,

WORKER RESPONSIBILITIES, 1, a. ii :

Insert: "Instruct the person completing the
background checks to answer all the
boxes in section 2 leaving no blanks. If
there is no answer then enter "NONE".

From **WORKER RESPONSIBILITIES, a. iii**

Remove: "Complete Section 1 box 4 with
just the BCCU Account. Number
according to your region:
1. Region One 11001440
2. Region Two 11001441
3. Region Three 11001442
4. Region Four 11001443
5. Region Five 11001445
6. Region Six 11001439

WORKER RESPONSIBILITIES, a. iii:

Insert: "Return the completed forms to
Region."

From **WORKER RESPONSIBILITIES, a. iv**

Remove: : "Complete Box 5 with
Contractor's Contract number"

From **WORKER RESPONSIBILITIES, a. v**

Remove: "Instruct the person completing
the background checks to answer all the
boxes in section 2 leaving no blanks. If
there is no answer then enter "NONE".

If not deliverable, return to: Distribution Center, MS: 45816
For distribution changes, notify: Manual Distribution: MS 45816 or call 360-586-8439

From **WORKER RESPONSIBILITIES**, a. vi

Remove: "Return the completed forms to Region."

From **WORKER RESPONSIBILITIES**, b

Remove: "Sends the forms to the BCCU at MS 45035 or by fax to (360) 902-0292"

From **WORKER RESPONSIBILITIES**, c

Remove: "Reviews the results of the background checks. A protective payee, a payee's employee, or designee cannot provide protective payee services to our clients if they fail the background checks."

WORKER RESPONSIBILITIES, b

Insert: "In section 1 Box 3, writes in the ESA box "Protective Payee"

WORKER RESPONSIBILITIES, c

Insert: "Completes Section 1 box 4 with just the BCCU Account. Number according to your region:
1. Region One 11001440
2. Region Two 11001441
3. Region Three 11001442
4. Region Four 11001443
5. Region Five 11001445
6. Region Six 11001439

WORKER RESPONSIBILITIES,

Insert: d. Complete Box 5 with Contractor's Contract number.
e. Copies the completed forms and sends the copy to the BCCU
f. Keeps the originals on the file.
g. Sends the forms to the BCCU at MS 45035 or by fax to (360) 902-0292. BCCU will image the copy, shred the copy, and process the request. BCCU will mail the result letter back to the region.
h. Reviews the results of the background check and files a copy with the original background check. A protective payee, a payee's employee, or designee cannot provide protective payee services to our clients if they fail the

background checks.”

Summary

This revision is done to bring A-Z Manual in compliance with policy changes.

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